

Department of Health and Human Services
Division of Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency (SAPTA)¹
Treatment and Prevention Accomplishments

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Treatment Accomplishments

- Twenty-six non-profit private or governmental substance abuse treatment programs providing services in 61 sites in 26 towns and cities were funded in State Fiscal Year (SFY) 2006 with programs receiving approximately \$13 million in financial support. Additionally, SAPTA certified another 42 treatment programs that were not funded.
- All funded programs must not discriminate based on ability to pay, race/ethnicity, gender or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum standards.
- Statistics for SFY 2006 indicate that there were 11,354 admissions to SAPTA supported treatment programs throughout Nevada. Supported services and admissions included the following: 3,004 detoxification admissions, 1,001 residential treatment admissions, 1,335 long term residential treatment admissions and 6,014 outpatient admissions.
- In SFY 2006, 98.5% of clients admitted to treatment and who completed their programs reported great, good, or fair improvement.
- Providing a continuum of treatment services, SAPTA continued to support various treatment levels of care for adolescents and adults including: Early Intervention, Comprehensive Evaluation, Detoxification (social model), Residential, Transitional Housing, Intensive Outpatient, Outpatient (individual and group counseling), and Methadone Maintenance. Transitional Housing and Methadone maintenance services must be delivered in conjunction with Outpatient Treatment. SAPTA supports Methadone Maintenance and Civil Protective Custody for adults only.
- SAPTA continues to promote performance-based treatment and measurable outcomes by defining treatment measurements contained within all its subgrant documents. For example, detoxification services have as a performance measure that 40% of all clients admitted will continue on in treatment. During the first year of the funding cycle 2003 – 2006, agencies were only able to show engagement rates under 30%. In the last funding year, agencies engagement rates ranged from 29% - 52%. SAPTA continues to encourage entry into treatment, longer lengths of stay, and treatment completion.
- Nevada has adapted and modified the Texas Behavioral Health Integrated Provider System (BHIPS) to meet Nevada's reporting needs. All funded treatment providers have been utilizing the Nevada system, the Nevada Health Information Provider Performance System (NHIPPS), since July 1, 2006. NHIPPS is a web-based, real time, system that tracks provider information, subgrant scope of work, and fund source allocation. NHIPPS is both a clinical and management tool that standardizes assessments and provides comprehensive

¹ The Division of Mental Health and Developmental Services (MHDS), Substance Abuse Prevention and Treatment Agency (SAPTA), was previously known as the Health Division, Bureau of Alcohol and Drug Abuse (BADA).

treatment plans tailored to each individual client. With proper consents on file, providers can refer and share appropriate client records with other providers in the system.

- In order to prepare Nevada for the implementation of the National Outcome Measures (NOMs), the SAPTA Advisory Board began work to discuss a number of issues including the development of an updated client data system, the need for a new prevention data system and performance based contracting. Because SAPTA's funded providers utilize NHIPPS as the statewide client data repository, the Agency, in SFY 2007, will be prepared to report NOMSs data and be in compliance with the federal SAPT Block Grant reporting requirements.
- In October 2005 SAPTA issued its triennial substance abuse treatment Request for Application (RFA) for the period of July 1, 2006 to June 30, 2009. After consultation with the Advisory Board it was decided to set aside up to 10% of the year's treatment budget, for each of the three years, to develop an incentive funding pool. It was further agreed to sequence the implementation of performance based contracting over the three year project period. The performance measures under consideration are: Access to Care, Retention in Care and Active Participation, Length of Treatment Engagement and Successful Treatment Completion. The Agency has developed a white paper that describes the State Outcome Measurement and Monitoring System (SOMMS); the paper is available upon request.
- SAPTA, working through the Southern Nevada Health District, the Health Division's Bureau of Community Health, and the Northern Nevada HIV Outpatient Program Education and Services (HOPES) Clinic, continues to implement statewide standards regarding access to TB and HIV testing as well as counseling for clients in treatment.
- All funded programs were monitored by assigned program analysts to ensure program and fiscal accountability at least once during the year. This was in addition to program certification, which may be for up to two years.
- During the last five years, SAPTA relied heavily on the Program Operating and Access Standards (POAS) as a guiding document to move the Agency and its providers towards meeting those goals. The contents of the revised POAS will be integrated into the treatment monitors and be used as a regulatory instrument for SAPTA funded programs.

Prevention Accomplishments

- Thirty direct services substance abuse prevention programs and thirteen community coalitions were funded in SFY 2006. The number of primary substance abuse prevention programs decreased by nine and the number of community coalitions increased by three over the previous year. These programs received approximately \$4.6 million in support. According to the "Principles of Effective Substance Abuse Prevention," published by the National Institute of Drug Addiction in 1998, for every dollar invested in substance abuse prevention, seven dollars in savings are realized.
- In SFY 2006, approximately 12,900 unduplicated individuals participated in block grant funded direct service prevention programs and approximately 214,000 pieces of literature were distributed by SAPTA supported clearinghouses statewide.

- Work was continued with community-based coalitions to develop local strategies and a statewide plan to address substance abuse prevention using data driven decision making and evidence based approaches. SAPTA's coalition strategy also included using the coalitions to increase provider capacity through a planning process, which includes data, training, evaluation, resource development, and other capacity development activities.
- SAPTA and its prevention partners developed standardized Prevention Program Operating and Access Standards, which were updated in the 2006 SAPTA Strategic Plan following the ground work laid in the 2001 Bureau Prevention Strategic Plan.
- Use of the Institute of Medicine's Continuum of Care has been adopted to ensure that services are integrated and seamless between prevention, intervention, treatment, and recovery support. Universal, selective, and indicated prevention services are provided to appropriately identify target populations through the assessment of data and needs. In 2006 Nevada's 51 State Incentive Grant (SIG) funded programs provided 94.1% model programs, 2.0% promising programs, and 3.9% unproven or emerging practice programs.
- SAPTA funded and worked with 13 community-based substance abuse prevention coalitions, using Center for Substance Abuse Prevention (CSAP)'s Strategic Prevention Framework Five Step Planning model. These 13 coalitions were responsible for the planning, coordination and oversight of 51 prevention programs and strategies statewide. In SFY 2006 approximately 5,600 individuals were served by coalition sub-recipients.
- SAPTA's data team and prevention staff have worked with the developer of the NHIPPS to modify the system in order to add prevention data. This system will be able to gather and report on all required prevention data and activities, including outcome measures by the end of SFY 2007. This will result in using one database to track fiscal, treatment, and prevention activities which will save time and increase capacity.
- The federally required Synar report which tracks illegal sales of tobacco to minors shows that the noncompliance rate in Nevada for FFY 2006 is 16.0%. This is 4% less than the 20% maximum set by the federal government for state non-compliance rates.
- Trainings offered to Nevada's prevention providers were provided through SAPTA collaborating with CSAP, WCAPT, CASAT, and other partners. During the 2006 fiscal year 26 trainings were offered regionally to increase the overall use of evidence based prevention programs, strategies, and practices in Nevada. These trainings included 24 face-to face, 1 teleconference, and 2 virtual conferences. There were a total of 414 Nevadan participants in these trainings.